## 2001 UNIFORM BUSINESS REPORT (UBR)

01-29-2001 90128 047 \*\*\* 150.00 DOCUMENT # P00000012448 1. Entity Name BARCODE USA CORPORATION 01 FEB 12 PM 3: 57 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 3211 AUDUBON CT. 3211 AUDUBON CT. TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3623702 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required ... 6. Name and Address of Current Registered Agent ... -- Name and Address of New Registered Agent YAMADA, JAMES A Street Address (P.O. Box Number is Not Acceptable) 3211 AUDUBON CT. **TARPON SPRINGS FL 34689** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstalling) DATE 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Trust Fund Contribution. After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change . Addition TITLE President Delete TITLE James A. Yamada NAME NAME STREET ADDRESS STREET ADDRESS 3211 Audubon Court CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ AddItion ☐ Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

O OFFICER ON DIRECTOR

SIGNATURE: